		PTO/SB/82 (01-06)
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A REPORT OF THE PARTY.	Application Number	10/827,221
REVOCATION OF POWER OF	Filing Date	04/19/2004
	First Named Inventor	Thomas A. Lile, Jr.
Under the Paperwork Reduction Act of 1995, no persons are required to REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Art Unit	3725
£ 48 -10-11	Examiner Name	Terese Bonk
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	0617CG.030391

l hereby revoke all pro	evious powers of attornev given i	in the above-ide	ntified applic	ation.			
I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number:							
Please change the correspondence address for the above-identified application to: The address associated with Customer Number:							
Firm or Individual Name							
Address	8010 W HWY 22						
City	BARRY	State TX		Zip	75102		
Country	Country USA						
Telephone	Telephone 903.641.3327 Email meufex€		ufex@pulse.net	fex@pulse.net			
I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature Reneth Lill							
Name Kenneth Lile							
Date //_	6-06	Telephone	903,641,3327				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representativo(s) are required. Submit multiple forms if more than one algorithm is required, see below*.							
*Total of 2 forms are submitted.							

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-	REVOCATION OF POWER OF			ng Date		04/19/2004			
١	ATTORNEY WITH			amed Inv	rentor	Thomas A. Lile, Jr.			
١	NEW POWER OF ATTORNEY			it			3725		
١		AND	Exami	iner Name		Teresa Bonk			
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ļ	hereby revoke all previous powers of attorney given in the above-identified application.								
	A Power of Attorney is submitted herewith. OR								
	I hereby appoin	t the practitioners associated with t	he Cust	omer Nu	mber;	~~~			
	Please change the correspondence address for the above-identified application to: The address associated with Customer Number: Firm or Individual Name Kenneth Lile								
	Address	Address 8010 West Hwy 22							
I	City	Вагту	State	XX		Zip	75102		
-	Country	USA					·		
	Telephone	900.041.0027	Email maurex@pulse.net						
	I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature I Amnus D. Hulle								
:}			Telephone 817 300 0728						
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